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BRUCE TITTEL
DONALD F. FREI
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J. ROBERT CHAMBERS
GREGORY J. LUNN
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CLEMENT H. LUKEN, JR.
THOMAS J. BURGER
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KURT A. SUMME
KEVIN G. ROONEY
KETH R. HAUPT
THEODORE R. REMAKLUS
THOMAS W. HUMPHREY
DAVID H. BRINKMAN
BEVERLY A. LYMAN, PH.D.
CE COLINSEI

OF COUNSEL JOHN D. POFFENBERGER THOMAS W. FLYNN

2700 CAREW TOWER

441 VINE STREET

CINCINNATI, OHIO 45202-2917

TELEPHONE: 513-241-2324

FACSIMILE: 513-241-6234

EMAIL: info@whepatent.com

PATENT, TRADEMARK, COPYRIGHT AND UNFAIR COMPETITION LAW AND RELATED LITIGATION

EDMUND P. WOOD

TRUMAN A. HERRON 1935-1976 1936-1971 EDWARD B. EVANS

June 21, 2004

JOSEPH R. JORDAN C. RICHARD EBY DAVID E. PRITCHARD

J. DWIGHT POFFENBERGER, JR. KATHRYN E. SMITH KRISTI L. DAVIDSON P. ANDREW BLATT, PH.D. DAVID E. JEFFERIES WILLIAM R. ALLEN, PH.D. JOHN PAUL DAVIS DOUGLAS A. SCHOLER BRETT A. SCHATZ DAVID W. DORTON SARAH OTTE GRABER WESLEY L. STRICKLAND (VA, DC BAR ONLY) STEVEN W. BENINTENDI, PH.D.

> TECHNICAL ADVISORS HENRY M. LABODA, PH.D.

FACSIMILE COVER SHEET

To:

Examiner Jeffery A. Brier

Mail Stop AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22213-1450

Fax:

703-872-9306

Enclosures:

Fax Cover Sheet containing Certificate of Facsimile Transmission (1 page) Transmittal containing Certificate of Facsimile Transmission (2 pages) Amendment After Final (16 pages)

From: Douglas A. Scholer

Reg. No. 52,197

Re:

U.S. Patent Application

Serial No. Filed:

09/973,622 October 9, 2001

Applicant: Art Unit:

Barnes et al. 2672

Confirmation No.: Our Ref:

6247 HILB/702

Pages: 19 (including cover sheet)

MESSAGE/COMMENTS OFFICIAL

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence and the enclosures noted herein (19 total pages, including cover sheet) are being transmitted via facsimile transmission to Examiner Jeffery A. Brier, Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 at 703-872-9306 on June 21, 2004.

Judith L. Volk

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PATENT Att'y Docket No. HILB/702/124 Confirmation No. 6247

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Judith L. Volk

Date

Applicant:

Barnes et al.

Art Unit:

2672

Serial No.:

09/973,622

Examiner:

Jeffery A. Brier

Filed:

October 9, 2001

For:

VISUAL FUNERAL PLANNING SYSTEM

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

- 2. Small Entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
 - ☐ Enclosed is a verified statement to establish Small Entity status
 - ☑ Other than a Small Entity
- 3. The fee has been calculated as shown below:

CALCULATION OF FEES

Fee:	Number of Claims After Amendment:		Previously Paid For:	No. Extra:	At Rate:	Amount:
Total Claims	49	minus	52	0	\$18	\$0.00
Independent Claims	6	minus	9	0	\$86	\$0.00
MULTIPLE DEPENDENT CLAIM FEE \$290						
TOTAL FEE FOR CLAIMS:						

No additional fee for claims is required.

		Attached is a check in the sum of \$ for additional claims. Please charge my Deposit Account No. 23-3000 in the amount of \$				
		ings herein are for a patent application and the provisions of 37 CFR Complete (a) or (b) as applicable.				
	(a)	Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:				
	0	Ext. Mos. Large entity Small entity one month \$ 110.00 \$ 55.00 two months \$ 420.00 \$ 210.00 three months \$ 950.00 \$ 475.00 four months \$1,480.00 \$ 740.00 five months \$2,010.00 \$1,005.00				
	Exte	nsion fee due with this request:				
	Meth	nod of Payment: Check enclosed in the amount of \$				
		If an additional extension of time is required, please consider this a petition therefo				
		(Check and complete the next item, if applicable)				
		An extension for months has already been secured and the fee paid thereof of \$ is deducted from the total fee due for the total months of extension now requested. Extension fee due with this request \$ OR				
⊠	(b)	Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.				
×		additional fee for claims or extension of time is required, charge int No. 23-3000.				
		Respectfully submitted,				
		WOOD, HERRON & EVANS, L.L.P.				
Vine Stronati, Ohone: (mile: (sed: over Shemittal co	eet 0hio 452 (513) 24 (513) 24 eet conta ontaining	1-2324 1-6234 ining Certificate of Facsimile Transmission (1 page) Certificate of Facsimile Transmission (2 pages)				
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